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**State/Territory Name: Alabama**

**State Plan Amendment (SPA) #: 23-0009**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 3) Approved SPA Pages

**DEPARTMENT OF HEALTH & HUMAN SERVICES**  
Centers for Medicare & Medicaid Services  
601 E. 12th St., Room 355  
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

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November 20, 2023

Stephanie McGee Azar, Commissioner  
Alabama Medicaid Agency  
501 Dexter Avenue  
Post Office Box 5624  
Montgomery, AL 36103-5624

Re: Alabama State Plan Amendment (SPA) 23-0009

Dear Commissioner Azar:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) AL-23-0009. This amendment will allow mobile crisis services to be offered throughout the state. The Alabama Department of Mental Health will be offering these emergency crisis services in order to help reduce unnecessary Emergency Room visits and/or arrests for individuals in mental health or substance use crisis.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 CFR Part 440.130. This letter is to inform you that Alabama's Medicaid SPA 23-0009, was approved on November 20, 2023, with an effective date of October 1, 2023.

If you have any questions, please contact Rita E. Nimmons at (404) 562-7415 or via email at [Rita.Nimmons@cms.hhs.gov](mailto:Rita.Nimmons@cms.hhs.gov).

Sincerely,

A large black rectangular redaction box covers the signature of James G. Scott.

James G. Scott, Director  
Division of Program Operations

Enclosures

cc: Stephanie Lindsay

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>	1. TRANSMITTAL NUMBER <u>2 3 - 0 0 0 9</u>	2. STATE <u>AL</u>
	3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE <p style="text-align: center;">October 1, 2023</p>	
5. FEDERAL STATUTE/REGULATION CITATION 42 CFR.440.130	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>24</u> \$ <u>15,000,000</u> b. FFY <u>25</u> \$ <u>15,000,000</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  <del>Attachment 3.1-A Pages 6.13g-6.13g.5</del> Attachment 3.1-A Pages 6.13g-6.13g.1	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  NEW	

9. SUBJECT OF AMENDMENT  
This amendment will allow mobile crisis services to be offered throughout the state. The Alabama Department of Mental Health will be offering these emergency crisis services in order to help reduce unnecessary Emergency Room visits and/or arrests for individuals in mental health or substance use crisis.

10. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT                       OTHER, AS SPECIFIED: Governor's designee on file via letter with CMS

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

	15. RETURN TO Stephanie McGee Azar Commissioner Alabama Medicaid Agency 501 Dexter Avenue Post Office Box 5624 Montgomery, Alabama 36103-5624
12. TYPED NAME Stephanie McGee Azar	
13. TITLE Commissioner	
14. DATE SUBMITTED <u>10-2-23</u>	

**FOR CMS USE ONLY**

16. DATE RECEIVED October 2, 2023	17. DATE APPROVED November 20, 2023
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**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL October 1, 2023	19. SIGNATURE 
20. TYPED NAME OF APPROVING OFFICIAL James G. Scott	21. TITLE OF APPROVING OFFICIAL Director, Division of Program Operations

22. REMARKS

State requested pen & ink change via email on 10/20/23:

- In box #7 - changed to read Attachment 3.1-A Page 6.13g-6.13g.1

## Youth and Adult Community-Based Mobile Crisis Response and Stabilization Services

### Community-Based Youth (under the age of 21) and Adults (age 21 or older) Mobile Crisis Response and Stabilization:

Mobile Crisis Teams (MCT) are designed to specifically diffuse and mitigate a behavioral health crisis. MCT services offer community-based interventions to youth and adults and their families experiencing a behavioral health crisis-whether in their homes, schools, or communities. The MCT provides crisis stabilization services to adults, children, and their families/caregivers, experiencing a behavioral health crisis. The MCT may be delivered in-person, in-home, and/or in community settings, and is available within a timely manner. Telemedicine and telephonic support may be provided until an in-person response arrives and or as follow-up post-crisis regarding coordination and referrals.

Services to be provided *may* include:

- Intake Evaluation
- Crisis Intervention
- Behavioral Health Placement Assessment
- Psychoeducational Services
- Individual Counseling
- Family Counseling
- Mental Health Care Coordination
- Peer Support Services
- Mental & Substance Use Disorders Assessment

Response from MCTs is typically in teams of two; however, this may differ if the team is dispatched from a staffed facility or if, as in rural communities, **telemedicine** services are utilized. The two-person team is available **24 hours a day, 7 days per week** and can travel throughout the state to respond on location. The stabilization service supports the child and or adult's ability to manage daily activities and establishes clear connections to treatment services and community supports to reduce the likelihood of ongoing behavioral health crises. Services may also include follow-up interventions for a period of up to **72 hours** after the initial response that may include, where appropriate, additional MCT and/or behavioral health crisis intervention services, de-escalation, and coordination with and referrals to health, social, emergency management, and other services and supports as needed to effect symptom reduction and harm reduction. If continued stabilization services are identified after **72 hours**, a stabilization plan must be developed for coordination with referrals for continued stabilization services.

The MCT ("Team") Composition must include a team of at least two of the following licensed and/or credentialed clinician in a supervisory role who has expertise and experience using evidence-based assessment tools with target populations:

- Rehabilitative Service Professional (Masters Level and Above)
- Qualified Mental Health Provider (Bachelors Level)
- Mental Health Certified Youth Peer
- Mental Health Certified Parent Peer
- Certified Recovery Support Specialist

In order to claim enhanced Federal Medical Assistance Percentage (eFMAP) for services using the 'community-based mobile crisis intervention services' model, the requirements described in section 1947(b) of the Act must be met, including providing services to persons outside of a hospital or other facility setting, through a multidisciplinary team, trained in trauma-informed care, de-escalation strategies, and harm reduction.

The team must include, at a minimum, at least one individual who may conduct an assessment within their authorized scope of practice under state law and other professionals or paraprofessionals with appropriate expertise in behavioral health care.

Location: Services can be delivered in any setting that is convenient for both the recipient and staff member, that affords an adequate therapeutic environment, and that protects the recipient's rights to privacy and confidentiality.